

EXHIBIT “C”

Exhibit 1

Philadelphia Prison System
Inmate Grievance Form

ASD
CPCF
DC
HOC
PICC

Check box only if grievance is regarding Medical Services

Name Troy L. Moore Sr. Housing Unit G2 CELL 18
Intake Number 853 403 Police Photo Number 853 403

Description of Grievance, Incident or Problem
(include date and time of incident)

ON 9-16-13 AT APPROX. 2315 HOURS, MY CELL'S
(18) TOILET OVER FLOWED SEVERAL TIMES.
AFTER INFORMING THE C/O OF THE SITUATION,
SHE REFUSED TO PERMIT CLEAN UP. THE TOILET
CONTINUED TO OVER FLOW EVERY 20 TO 30 MINUTES
WHICH RESULTED IN ME RESIDING IN A CELL
OVERNIGHT WITH TWO INCHES OF RAW SEWAGE
ON THE FLOOR. AS OF THIS MORNING I HAVE
SUFFERED FROM SHORTNESS OF BREATH, VOMITTING,
DIARRHEA AND FACIAL PASH / ACHIE. AFTER
INFORMING & VISITING MEDICAL DEPT. & BEING
EXAMINED FOR 45 SECONDS I WAS ORDERED BACK
TO THE POLLOCK (G2). EXAMINED BY RN McGROGAN
AT MED DEPT.

Action Requested by Inmate:

MEDICAL ATTENTION OR SOLUTION TO RESOLVE
PROBLEM FROM RE OCCURANCE.

See: Continuation of Grievance - Page 2 Yes No

Describe how and when you tried to resolve this Grievance informally.

INFORMING C/O, SGT & MED STAFF

Date that you are depositing this Grievance in a grievance box: 9-17-13

[Signature]
(Signature of Grievant)

9-17-13
(Date)